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PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **534748**

1. Corporation Name
G. MICHAEL WOMBLE D.D.S., P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| NAPLES. LAWDOCK. INC<br>4501 TAMIAMI TRAIL NORTH SUITE 300<br>NAPLES FL 34103<br>US | 4501 TAMIAMI TRAIL NORTH<br>SUITE 300<br>NAPLES FL 34103 |

DO NOT WRITE IN THIS SPACE

| | | |
|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed: 04/15/1977 |
| 21 | 26 | 4. FEI Number: 59-1745406 ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |
| Zip 24 Country 25 | Zip 29 Country 30 | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No |

**9. Name and Address of Current Registered Agent**

JOHNSON, KIMBERLY
4501 TAMIAMI TR
#1300
NAPLES FL 33940

**10. Name and Address of New Registered Agent**

81 Name: Naples Lawdock, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 4501 Tamiami Trail N.
83: Suite 300
84 City: Naples FL 85 Zip Code: 34103

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: 1/8/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTC<br>WOMBLE, G. MICHAEL<br>6100 TAMIAMI TRAIL NORTH<br>NAPLES FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VS<br>WOMBLE, BETTY J.<br>6100 TAMIAMI TRAIL NORTH<br>NAPLES FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2. 4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LOVETT, WILLIAM E.<br>6100 TAMIAMI TRAIL N<br>NAPLES FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 1/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #